

SERFF Tracking Number:	AMMS-125666589	State:	Arkansas
Filing Company:	Golden Rule Insurance Company	State Tracking Number:	39134
Company Tracking Number:	SA-S-1384		
TOI:	H10I Individual Health - Dental	Sub-TOI:	H10I.000 Health - Dental
Product Name:	Vision Rider		
Project Name/Number:	Vision Benefit Rider/SA-S-1384		

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Vision Rider

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Form/Rate

SERFF Tr Num: AMMS-125666589 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39134

Co Tr Num: SA-S-1384

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Jean Davis, Jennifer

Disposition Date: 06/06/2008

Konschake, Debra Schneider, Pam

Devos, Sondra Grosse

Date Submitted: 05/28/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Vision Benefit Rider

Project Number: SA-S-1384

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/06/2008

State Status Changed: 06/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

## Company and Contact

### Filing Contact Information

<i>SERFF Tracking Number:</i>	<i>AMMS-125666589</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>39134</i>
<i>Company Tracking Number:</i>	<i>SA-S-1384</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>Vision Rider</i>		
<i>Project Name/Number:</i>	<i>Vision Benefit Rider/SA-S-1384</i>		

Jean Davis, Senior Product Compliance Analystjean.davis@eams.com

3100 AMS Blvd. (800) 232-5432 [Phone]

Green Bay, WI 54313 (920) 661-6554[FAX]

**Filing Company Information**

Golden Rule Insurance Company

CoCode: 62286

State of Domicile: Indiana

7440 Woodland Drive

Group Code: 707

Company Type: Life and Health

Indianapolis, IN 46278

Group Name:

State ID Number:

(317) 297-0358 ext. [Phone]

FEIN Number: 37-6028756

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	05/28/2008	20538939

<i>SERFF Tracking Number:</i>	<i>AMMS-125666589</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	06/06/2008	06/06/2008

<i>SERFF Tracking Number:</i>	<i>AMMS-125666589</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>39134</i>
<i>Company Tracking Number:</i>	<i>SA-S-1384</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>Vision Rider</i>		
<i>Project Name/Number:</i>	<i>Vision Benefit Rider/SA-S-1384</i>		

## **Disposition**

Disposition Date: 06/06/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMMS-125666589</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>39134</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Data Page Illustration	Approved-Closed	Yes
<b>Form</b>	Vision Benefit Rider	Approved-Closed	Yes
<b>Rate</b>	Vision Premium Rate Exhibit for Arkansas	Approved-Closed	No

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## Form Schedule

**Lead Form Number:** SA-S-1384

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SA-S-1384	Policy/Cont	Vision Benefit Rider	Initial			SA-S-1384.pdf
		ract/Fratern					
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

## VISION BENEFIT RIDER

By attachment of this rider the [certificate][policy] is amended as follows:

**DEFINITIONS:** For the purposes of this benefit, the following definitions apply:

- A. *"Comprehensive eye examination"* means an examination by an ophthalmologist or optometrist to determine the health of the eye, including glaucoma tests and refractive examinations to measure the eye for corrective lenses.
- B. *"Medically necessary"* means a *comprehensive eye examination* [or prescription eyewear] that is necessary and appropriate to determine the health of the eye [or correct visual acuity]. This determination will be made by *us* based on *our* consultation with an appropriate licensed ophthalmologist or optometrist. A *comprehensive eye examination* [or prescription eyewear] will not be considered *medically necessary* if: (A) it is provided only as a convenience to the *covered person* or provider; (B) it is not appropriate for the *covered person's* diagnosis or symptoms; or (C) it exceeds (in scope, duration, or intensity) that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment to the *covered person*.
- C. *"Vision benefit preferred provider"* is an ophthalmologist or optometrist who has contracted with the vision benefit network [,as identified on *your* identification card] and is licensed and otherwise qualified to practice vision care and/or provide vision care materials.
- D. *"Vision benefit non-preferred provider"* is any ophthalmologist, optometrist, optician, or other licensed and qualified vision care provider who has not contracted with the vision benefit network [,as identified on *your* identification card] to provide vision care services and/or vision care materials.

**HOW THE VISION BENEFIT PROGRAM WORKS:** Copayment, *deductible amounts* and coinsurance may differ when services are rendered and billed directly by a:

- A. *Vision benefit preferred provider*; or
- B. *Vision benefit non-preferred provider*.

See *your* Data Page for the different amounts.

We have a contract with a vision benefit network[,as identified on *your* identification card]. *Vision benefit preferred providers* agree to discount their service fees. *You* or *your covered dependents* pay any applicable copayments, *deductible amount* or coinsurance. *Vision benefit preferred providers* then agree to accept *our* benefit payment as payment in full for *covered expenses*.

We do not have a contract with *vision benefit non-preferred providers*. *You* or *your covered dependent* must pay any applicable copayments, *deductible amount* or coinsurance. After satisfaction of applicable copayments, *deductible amount* or coinsurance benefits are limited up to the applicable allowance amount listed on the Data Pages.

When the amount of actual charges exceeds the allowance amount listed on the Data Pages, the *vision benefit non-network providers* may bill *you* or *your covered dependent* for the excess amount.

**COVERED EXPENSES:** *Covered expenses* are payable for *you* and *your covered dependent* as shown in the Data Page and are limited to charges for:

- A. Comprehensive eye examinations. Benefits are limited to [1] exam per [12] months.
- B. [Prescription eyewear. Benefits are limited to [1] pair of prescription single vision lenses per [12] months and [1] pair of frames per [24] months:
  - 1. Spectacle lenses as prescribed by an ophthalmologist or optometrist; frames and their fitting and subsequent adjustments to maintain comfort and efficiency; or
  - 2. Elective contact lenses that are in lieu of prescription spectacle lenses and frames; and
  - 3. *Medically necessary* contact lenses and professional services when prescribed or received under the following circumstances;



- a. Following cataract surgery; or
- b. To correct extreme visual acuity problems that cannot be corrected with spectacle lenses.

This vision benefit program is designed to cover vision needs rather than cosmetic extras. Cosmetic extras include:

- A. Blended lenses;
- B. Oversize lenses;
- C. Photochromic lenses;
- D. Tinted lenses except pink #1 or #2;
- E. Progressive multifocal lenses;
- F. Coating of a lens or lenses;
- G. Laminating of a lens or lenses;
- H. Frames that cost more than the plan allowance;
- I. Cosmetic lenses;
- J. Optional cosmetic processes; and
- K. UV (ultraviolet) protected lenses.

If *you* or *your* covered *dependent* select a cosmetic extra, the plan will pay the *medically necessary* costs of the allowed lenses and *you* or *your* covered *dependent* will be responsible for the additional cost of the cosmetic extra.]

#### **EXCLUSIONS AND LIMITATIONS:**

*Covered expenses* will not include and no benefits are payable under this rider for any charges *incurred* for the following:

- A. Orthoptics or vision therapy training and any associated supplemental testing;
- B. [Plano lenses (a lens with no prescription on it);]
- C. [Replacement of lenses and frames furnished under this plan which are lost or broken except at the normal intervals when services are otherwise available;]
- D. Medical or surgical treatment of the eyes;
- E. Any eye examination or any corrective eyewear, required by an employer as a condition of employment;
- F. Corrective vision treatment of an experimental or investigative nature;
- G. Corrective surgical procedures such as, but not limited to, Radial Keratotomy (RK) and Photo-refractive Keratectomy (PRK);
- H. [Elective contact lenses if prescription spectacle lenses and frames are received in any [12] month period;]
- I. [Prescription spectacle lenses and frames if elective contact lenses are received in any [24] month period;]
- J. Eyewear[except prescription eyewear];
- K. Charges that exceed the allowance amount listed on the Data Pages; and
- L. Services or treatments that are already excluded in the General Exclusions and Limitations section of the [certificate][*policy*].

[This [endorsement] [rider] applies only to *covered persons* who reside in the state of [xxxxx].]

This rider will not change, waive or extend any part of the [certificate][*policy*], other than as stated herein.

This rider is effective [at the same time as the [certificate][*policy*], [unless a later date is shown][or June 1, 2008, whichever is later]].

**Golden Rule Insurance Company**

**Secretary**

SERFF Tracking Number: AMMS-125666589 State: Arkansas  
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TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
Product Name: Vision Rider  
Project Name/Number: Vision Benefit Rider/SA-S-1384

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice Approved-Closed 06/06/2008  
**Comments:**  
**Attachment:**  
Readability Certification.pdf

**Review Status:**  
**Bypassed -Name:** Application Approved-Closed 06/06/2008  
**Bypass Reason:** Not Applicable.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Outline of Coverage Approved-Closed 06/06/2008  
**Bypass Reason:** The outline of coverage is included with the pending dental stand alone policy, but will be updated to include the vision information when resubmitted due to objection received.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Cover Letter Approved-Closed 06/06/2008  
**Comments:**  
**Attachment:**  
AR Cover Letter SA-S-1384.pdf

**Review Status:**  
**Satisfied -Name:** Data Page Illustration Approved-Closed 06/06/2008  
**Comments:**  
**Attachment:**  
Data Page Illustration.pdf

## READABILITY CERTIFICATION

We do hereby certify that in our judgement this filing is:

**READABLE** (simple sentence structure, shortness of sentences, use of common words, avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided, minimum cross references);

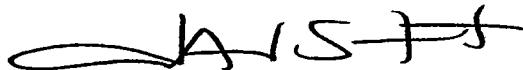
**LEGIBLE** (ample type size for text with contrasting type for headings and subheadings, ample space between lines, ample white space in margins and between sections, ample ink to paper contact); and

**IN LOGICAL ORDER AND FORMAT** (table of contents included, sections and subsections self-contained and arranged in logical flow, extensive use of headings and subheadings to facilitate location of particular items, outline form used where desirable for clarity).

Further, this filing meets or exceeds the requirements of the policy readability legislation currently effective in your state.

Certified by:

May 28, 2008  
Date



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Julie A. Van Straten  
Vice President and General Counsel

# Golden Rule®

A UnitedHealthcare Company

May 28, 2008

Filed via SERFF

Ms. Rosalind Minor  
Arkansas State Department of Insurance  
Life, A&H, Annuities  
1200 W. Third Street  
Little Rock, AR 72201-1904

**Re: Filing Submitted for Approval**

Golden Rule Insurance Company  
NAIC # 707-62286  
Company Tracking No.: SA-S-1384

SA-S-1384      Vision Benefit Rider

Readability Certification  
Actuarial Memorandum and Rates

Dear Ms. Minor:

We respectfully submit the enclosed form for your approval. This form is new and does not replace any form previously submitted for approval to your Department.

Vision Benefit Rider SA-S-1384 will be used with new and existing policies sold in your state. This optional benefit rider will be offered with a variety of options, including a variety of copay, deductible and coinsurance options, as well as optional benefits specific to each plan. An illustration of the vision benefits that will be included on the health insurance policy Data Page is attached for your convenience. The Data Page will be tailored to reflect the vision benefits made available and selected by each primary insured.

Vision benefits may be offered with and without eyewear coverage. These variables are reflected in these forms. The rider will be available to applicants as a network provider benefit or an indemnity benefit.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

We appreciate your time and attention to this filing. The Actuarial Memorandum and rates for this rider are also attached

Golden Rule Insurance Company  
712 Eleventh Street  
Lawrenceville, Illinois 62439  
(618) 943-8000  
[www.goldenrule.com](http://www.goldenrule.com)

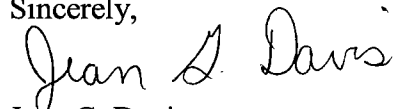
Golden Rule Insurance Company  
7440 Woodland Drive  
Indianapolis, Indiana 46278-1719  
(317) 297-4123  
[www.goldenrule.com](http://www.goldenrule.com)

Arkansas State Department of Insurance  
May 28, 2008

Page 2

If you have any questions or need additional information, please contact me at 1-800-232-5432 extension 12969, by email at [Jean.Davis@eAMS.com](mailto:Jean.Davis@eAMS.com), or by fax at 920-661-9861.

Sincerely,

A handwritten signature in cursive script that reads "Jean G. Davis". The signature is written in black ink and is positioned above the printed name and title.

Jean G. Davis  
Manager, Policy Compliance

Attachments

**Section 2  
DATA PAGE**

**[Policy Number - 999-999-999**

**Insured - John Doe**

**Plan - Individual/Husband-Wife/All Family/  
One-Parent Family**

**Total Premium - \$XXXX.XX**

**Insured Health Class - Preferred/Standard/Tobacco**

**Spouse Health Class - Preferred/Standard/Tobacco**

**[Plan [Choice] – Option A/Option B]**

**Premium Mode – [Monthly/Quarterly]**

**First Renewal Date - Month Day, Year**

**Effective Date:**

**For Injuries - Month Day, Year**

**For Illnesses - Month Day, Year**

**]**

**[See rider-amendment(s) attached to policy**

**[IMPORTANT: If covered expenses are incurred at a non-preferred provider, benefits will be less than the amount that would have otherwise been payable at a preferred provider. Please refer to the information listed below.]**

**[IMPORTANT: Non-preferred providers may bill you for any amount up to the billed charge after we have paid benefits due under this [policy] [certificate]. Preferred providers have agreed to discounted pricing for covered expenses with no additional billing to you other than coinsurance and deductible amounts.]**

**[VISION BENEFIT**

Eye Exam .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
Eye Exam Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
[Frames <sup>3</sup> .....	[\$25] <sup>[1]</sup> [copay] [then] [100%] [up to [\$40] allowance]
Frames Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
[Standard] Single Vision Lenses .....	[\$25] <sup>[1]</sup> [copay] [then] [100%] [up to [\$40] allowance]
Single Vision Lenses Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
[Standard] Bifocal Lenses .....	[\$25] <sup>[1]</sup> [copay] [then] [100%] [up to [\$40] allowance]
Bifocal Lenses Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
[Standard] Trifocal Lenses .....	[\$25] <sup>[1]</sup> [copay] [then] [100%] [up to [\$40] allowance]
Trifocal Lenses Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
[Standard] [Lenticular] Lenses .....	[\$25] <sup>[1]</sup> [copay] [then] [100%] [up to [\$40] allowance]
[Lenticular Lenses] Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
[Covered-in-Full][Elective]Contacts <sup>2</sup> .....	[\$25] [copay] [then] [100%] <sup>[4]</sup> [up to [\$40] allowance]
Contacts Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]
[Necessary] Contacts .....	[\$25] [copay] [then] [100%] <sup>[4]</sup> [up to [\$40] allowance]
Contacts Non-Preferred Provider .....	[\$25] [copay] [then] [100%] [up to [\$40] allowance]

<sup>[1]</sup> If you purchase Eyeglass Lenses and Eyeglass Frames at the same time from the same Preferred Provider, only one Copayment will apply to those Eyeglass Lenses and Eyeglass Frames together.

<sup>2</sup> You are eligible to select only one of either eyeglasses (Eyeglass Lenses and/or Eyeglass Frames) or Contact Lenses. If you select more than one of these Services, only one Service will be covered.

<sup>3</sup> You may purchase from your Preferred Provider Eyeglass Frames that are outside of the Covered Eyeglass Frames Selection. Non-selection Eyeglass Frames will receive an allowance. The Eyeglass Frame allowance will be [\$50] wholesale or [\$130] retail, depending upon the type of Preferred Provider selected. No Copayment will apply to non-selection Eyeglass Frames.

<sup>4</sup> You may purchase from your Preferred Provider Contact Lenses that are outside of the Covered Contact Lens Selection. Non-selection Contact Lenses will receive an allowance [of [\$105] [for elective] [contacts]] [and [\$210] [for necessary [contacts]]]. No Copayment will apply to non-selection Contact Lenses.]